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## BIB DATA SHEET

CONFIRMATION NO. 4743

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                 |                       |
|---|---|--|---------------------------------|--|-----------------|-----------------------|
| 10/527,076  | 01/23/2006<br>RULE  | 435  | 1657                            | KUSHMARO1  |                 |                       |
| <b>APPLICANTS</b><br>Ariel Kushmaro, Nir-Zvi, ISRAEL;<br>Shimona Geresh, Omer, ISRAEL, Deceased;<br>Shaul Geresh, Omer, ISRAEL, Legal Representative; |   |  |                                 |  |                 |                       |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IL03/00725 09/03/2003   |   |  |                                 |  |                 |                       |
| <b>** FOREIGN APPLICATIONS *****</b><br>ISRAEL 151660 09/09/2002  |   |  |                                 |  |                 |                       |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>07/18/2006   |   |  |                                 |  |                 |                       |
| Foreign Priority claimed  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance<br>/K.S./ | STATE OR<br>COUNTRY             | SHEETS<br>DRAWINGS   | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119(a-d) conditions met  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | ISRAEL                          | 2  | 18              | 2                     |
| Verified and  | /KAILASH C<br>SRIVASTAVA/<br>Examiner's signature   |  |                                 |  |                 |                       |
| Acknowledged  | Initials  |  |                                 |  |                 |                       |
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| <b>TITLE</b><br>Method for isolating and culturing unculturable microorganisms  |   |  |                                 |  |                 |                       |
| <b>FILING FEE<br/>RECEIVED</b><br>365   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                 |                       |
|   |   |  |                                 | <input type="checkbox"/> Other _____                         |                 |                       |
|   |   |  | <input type="checkbox"/> Credit |  |                 |                       |